Maryland
BPQA
NEWSLETTER

Maryland Board of Physician Quality Assurance
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FUTILE MEDICAL TREATMENT

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In October, 1993, Maryland's Health Care Decisions Act became effective. This act, in addition to officially recognizing the status of living wills, powers of attorney for health care, and other forms of advance directives, also recognized the principle of futile medical treatment, i.e., treatment which is of no benefit to patients. Under the provisions of this Act, physicians are permitted "not to provide treatment which is medically ineffective or ethically inappropriate."[1] "Medically ineffective" treatment is then defined as "treatment that, to a reasonable degree of medical certainty, will neither prevent or reduce the deterioration of the health of an individual, nor prevent the impending death of an individual." I would like to briefly review some of the background of the concept of medical futility, and to propose a practical approach to its clinical implementation.

The word futility derives from the Latin *futilis* or "leaky." In Roman mythology, the daughters of Danaus were condemned in Hades to draw water in leaky jars. This type of effort conveys the full meaning of "futility," namely, a process or act which no matter how well performed or how often repeated, will fail to attain its objective. With recent advances in medical technology, we as physicians are sometimes faced with a circumstance where a treatment may exist for a clinical problem, but the patient's underlying poor status or multiple other problems nevertheless render the intervention futile. Some physicians mistakenly believe that they are obligated to offer such treatments anyway to patients or families who "want everything done." The Healthcare Decisions Act of 1993 states otherwise.

The concept of medical futility has been under discussion and debate in the medical ethics literature for a number of years. At first, some argued that because we cannot always agree on what is "medically appropriate," we certainly cannot agree on what is "medically futile." A consensus is emerging, however, that in some well-defined situations, treatment may in fact be futile by any definition. The recent movement toward measurement of treatment outcomes and the development of severity of illness scales known as APACHE, MPM and TISS has in some cases provided a firmer statistical basis for such judgments. Examples of futile interventions might include patients with metastatic cancer, advanced liver

failure, or end stage heart failure who sustain a cardiac arrest. The data are quite convincing that such patients, even when they initially respond to efforts at resuscitation, virtually never regain a functional, independent, existence.

The improvement in these types of measurements and predictive models, along with an appreciation of the burden imposed on patients and families by continuing aggressive therapy in the face of advanced, terminal illness has prompted groups such as the Roman Catholic Bishops of Maryland to recognize the concept of medical futility. In their Pastoral Letter of 1993, they stated that "no patient is obliged to accept or demand useless medical interventions. . . A medical treatment is 'useless' to a particular patient if it cannot bring about the effect for which it is designed. Such an intervention is both ineffective and medically inappropriate."[2] Professional societies such as the Society of Critical Care Medicine and the American Thoracic Society have also recognized that care may be withheld or withdrawn when it can no longer provide a measurable benefit to a patient.[3,4]

Maryland hospitals are beginning to adopt policies that allow for judgments of medical futility in certain cases. For example, Holy Cross Hospital of Silver Spring recently approved an Ethical Guideline on Futile Medical Treatment. Relying in part on a similar policy developed at the Cleveland Clinic,[5] this Ethical Guideline encourages a frank and open discussion between physician, patient, and family of the goals of treatment, and the likelihood of achieving those goals before commencing therapy. Too often, treatments which are ultimately shown by experience to be futile are initiated because this simple question is neglected at the outset. **We as physicians sometimes fall into the trap of focusing on a single diseased body part or system when the overall patient is rapidly and irreversibly failing. Another common pitfall is unrealistic expectations on the part of the patient and family. Open interchange can also help clarify and correct these misconceptions, and help prepare patients and families for the inevitable grieving process.**

In most instances, this type of discussion will lead to a consensus that further treatment is not indicated, and all parties will agree to forego further interventions. However, when disagreements persist, and the attending physician feels strongly that further treatment would be futile, a second opinion from another physician or an Ethical Advisory Committee is recommended. This provides an important safeguard in two ways: it acts as a check on the attending physician's judgment of futility, and it provides a forum where a "third party" can help clarify the concerns and potentially false hopes of the patient and family. In the extraordinary situation where there is insistence on further treatment even after this lengthy process, the Holy Cross policy provides support for the physician to withdraw or withhold further treatment, even without the consent of the patient or surrogate. At this point, an additional safeguard is built in -- namely the possibility of transfer to another physician or institution which will comply with the patient's wishes for further aggressive care.

Judgments of futility of treatment must never be confused with health care rationing. A futile treatment is equally so whether or not a particular patient can afford it. Rationing, on the other hand, implies that potentially beneficial care may be denied to some patients purely on economic grounds. The former is an ethical decision, exclusively within the domain of health professionals; the latter, a political and economic one is just as exclusively within the domain of public policy makers.

The accelerating pace of technological advancement in medicine only serves to make ethical training and awareness more imperative for physicians. The power of our drugs, diagnostic machines and surgical techniques must be constantly tempered by an awareness of their limitations. We have a responsibility to our patients and to the public at large to know not only *what can be done* but also *what should be done*. The essential elements of sound clinical decision making remain as they have always been: look at the *whole patient*, and assess realistically in your own mind and with your patients the goals of treatment and the likelihood of achieving them. Intellectual honesty and frankness at the outset can avoid many difficult situations later.

References

1. Health Care Decisions Act (House Bill 1243), signed into law as 1993 Md. Acts, Chapter 372, Codified at Health General Sec. 5-601 of the Ann. Code of Md.
2. Maryland Catholic Conference. Pastoral Letter on the Care of the Sick and Dying from the Roman Catholic Bishops of Maryland, Oct. 14, 1993.
3. Society of Critical Care Medicine. Consensus report on the ethics of foregoing life-sustaining treatments in the critically ill. *Crit Care Med* 18:1435-1439, 1990.
4. American Thoracic Society. Withholding and withdrawing life-sustaining therapy. *Am Rev Respir Dis* 144:726-731, 1991.
5. Smith, ML. Futile medical treatment and patient consent. *Cleve Clin J Med* 60:151-154, 1993.

BOARD ADVISORIES

CHARGE FOR MEDICAL RECORDS

On October 1, 1994, House Bill 716 goes into effect which sets limits on the charging of certain fees by health care providers to copy medical records. The fees include the cost of copying a medical record, retrieval and preparation, postage, and handling.

The maximum charges a health care provider may charge are:

- a fee for copying not exceeding 50 cents for each page of the medical record;
- a preparation fee not to exceed $15 for medical record retrieval and preparation;
- the actual cost for postage and handling of the medical record.

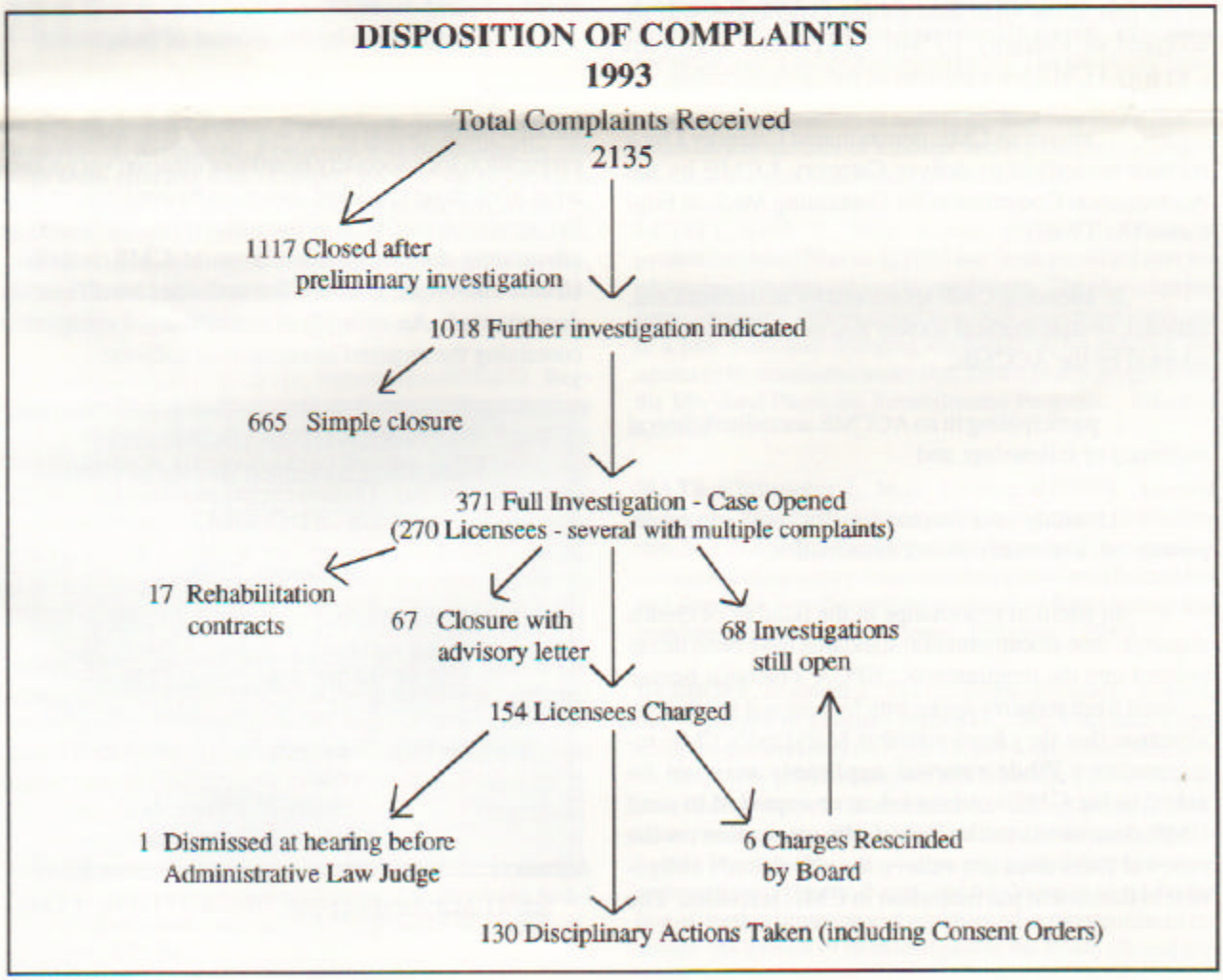
These charges do not apply to x-rays.

PHYSICIAN ACUPUNCTURE

Effective July 1, 1994, physicians may register with BPQA to perform acupuncture if they have completed at least 200 hours of acupuncture training in a program approved for Category I CME, and meet certain other requirements.

House Bill 967 established a new Board of Acupuncture which will be responsible for licensure of acupuncturists using different licensure criteria from that which the BPQA will use for registration of physicians to perform acupuncture.

Physicians now have the choice of licensure under the Maryland State Board of Acupuncture Board (call Penny Heisler at 764-4766 for information about the licensure process) or registration under BPQA (call 764-4777 for the acupuncture registration application).



MARYLAND'S NEW CONTINUING MEDICAL EDUCATION REQUIREMENTS

Beginning with the July 1995 physician licensure renewal cycle (last names M through Z), new Continuing Medical Education (CME) requirements will require physicians to earn and document 50 Category I CME credit hours during the two year period prior to renewal. These new requirements, which impact both the number of required CME credits and manner of CME documentation, have been adopted by BPQA as part of an overhaul of its General Licensure Regulations.[1]

Previously, (and including the 1994 renewal cycle) renewal applicants were required to earn 50 CME credits per year, of which at least 20 credit hours had to be of the Category I variety. The new CME standards thus mandate an **additional 10 Category I CME credits per biennium, while eliminating all requirements for "Category 2," or "other category" CME.**

The new regulations provide more guidance than in the past about what educational experiences will be accepted as Category I CME. Physicians may earn Category I CME via a number of methods including:

a. attending CME denominated Category I by a sponsor accredited to deliver Category I CME by the Accreditation Commission for Continuing Medical Education (ACCME);

b. attending CME sponsored by an international, national, or state medical society that meets the standards adopted by the ACCME;

c. participating in an ACCME accredited clinical residency or fellowship; and

d. study and preparation for, and successful passage of, a specialty Board examination.

In addition to a change in the number of credits required, new documentation standards have been incorporated into the requirements. BPQA's biennial license renewal form requires applicants for renewal to attest by signature that they have satisfied Maryland's CME requirements. **While renewal applicants may not be asked to list CME courses taken or expected to send CME documents to the Board, the attestation on the renewal form does not relieve the physician's obligation to document participation in CME activities. The CME regulations require physicians to retain CME documentation for a period of six years for possible inspection by the Board.**

All CME participation should be documented. Documentation for participation in CME should consist of a certificate of attendance. While renewal applicants should become familiar with the specific documentary requirements contained in the new regulation, a CME certificate should at a minimum contain:

1. the title of the CME activity;
2. the sponsor's name;
3. the name of the physician attending the CME event;
4. the inclusive date(s) and location(s) of the CME event;
5. the name of the CME accrediting body;
6. the number of designated CME credit hours; and
7. verification by the sponsor of completion.

Documentation requirements for CME obtained through participation in a residency or fellowship, or for preparation for a specialty board examination vary somewhat from those specified above, so be certain to review the regulation itself. **It is incumbent on applicants to adequately document attendance at CME activities. Credit cannot be granted for activities insufficiently documented.** An example of a certificate of completion containing the required elements is as follows:

> **ST. ELSEWHERE UNIVERSITY**
> An ACCME accredited sponsor of CME
>
> CERTIFIES THAT
>
> *I. M. Goode, M.D.*
>
> has successfully completed a 12 hour program entitled Cardiology Update '94, held on the 7th & 8th of May, 1994 at St. Elsewhere Medical Center, Baltimore, MD. Bearer entitled to 12 Cat. I CME credit hours
>
> *Angie O. Plasty, M.D.*
> Chair, Dept. of Cardiology

[1] See 21 Maryland Register 10:864-871 (Fri., 13 May 1994).

BOARD DISCIPLINARY ACTIONS: APRIL 1 - JUNE 30, 1994

MYERS, John G., Medical radiation technologist, Certification #R03237. **Surrender of health care provider's certificate to practice as a medical radiation technologist.** The health care provider engaged in unprofessional conduct in the practice of medical radiation technology (substance abuse while on duty). Effective 4/5/94.

SAYRE, Michael C., M.D., License #D39621. **Shall not practice in the State of Maryland unless and until the physician appears before a panel of the Board and obtains approval of the Board.** The physician entered into a Stipulation and Agreement Order with the State of Washington Medical Disciplinary Board regarding the professional practice of the physician in administering anesthesia and for acts that would be grounds for disciplinary action in this State, specifically failure to meet standards of care. Effective 4/5/94.

BRUCE, James E. **Application for physician assistant certification denied.** The applicant failed to qualify for a certificate in that he did not possess good moral character. Applicant fraudulently or deceptively attempted to obtain a certificate by using an altered NCCPA Certificate and Certificate of Special Instruction in violation of Maryland statute. Effective 4/12/94.

PATEL, Kanaiyalal J., M.D., License #D21799. **Revocation of the physician's license ordered on March 9, 1994 is terminated. Reinstated. Probation with conditions for one year from effective date of order.** Because the physician is in compliance with all conditions of his probation ordered by the U.S. District Court for the District of Maryland, and the physician has agreed to perform extensive community service, the Board concludes that the physician is eligible for reinstatement of his license. Effective 4/13/94.

COLEMAN, Darryl M., M.D., Registration #P05480. **Registration is suspended for a period of one year from the date of the order.** The physician may petition the Board for reinstatement in six months from the date of the order, and upon reinstatement the physician shall be subject to three years probation with conditions. The physician was guilty of unprofessional conduct in the practice of medicine by engaging in a sexual relationship immediately after a patient's referral to another therapist. Effective 4/19/94.

SADICK, Stanford P., D.O., License #X00216. **The doctor of osteopathy must refrain from the practice of plastic and/or reconstructive surgery in the State of Maryland.** The Board is taking reciprocal action based upon the action taken by the State of California Osteopathic Medical Board. Effective 4/26/94.

ALLEN, Laurence T., M.D., License #D24293. **Probation for three years subject to conditions.** The physician failed to meet appropriate standards in the practice of psychiatry. Effective 4/27/94.

FULLER, Melodee A., Medical radiation technologist, Certificate #R02208. **Surrender of certification as a result of an investigation by the Board.** Effective 4/27/94.

GREENE, Dale M., M.D., License #D35015. **Suspension terminated. Reinstated without condition or restriction.** The physician has complied with all the terms and conditions of reinstatement. Effective 4/27/94.

HAMILTON, John M., M.D., License #D04895. **Order of probation subject to conditions continues, and the suspension of the physician's license is stayed with respect to the clinical treatment of male patients.** The physician has been in compliance with the conditions of probation. Effective 4/27/94.

HUNT, Edward O. Jr., M.D., License #D05112. **Suspended for three years.** The Board determined that the physician did not practice competently and failed to meet appropriate standards of care in his practice of bariatric medicine. Effective 4/27/94.

LAURICH, Ivan W., M.D., License #D16245. **Suspended for one year. Suspension immediately stayed. Probation for three years subject to conditions.** The physician failed to meet appropriate standards as determined by appropriate peer review for delivery of quality medical care in the field of psychiatry in the care of a patient and the overprescribing of abusable substances for that patient. Effective 4/27/94.

LEVITT, Keith N., M.D., License #D28247. **Order of probation dated March 2, 1993 has been modified and the physician remains subject to conditions.** The physician has been complying with the conditions of probation but is moving to a new State and changing the nature of his practice and agrees to be monitored under that State's health program and the Maryland Physician Rehabilitation Program. Effective 4/27/94.

MAYS, Christopher J., M.D., License #D39793. **License revoked.** The physician pled guilty to one count of distribution of a controlled dangerous substance and one count of laundering of monetary instruments in violation of federal law and therefore was disciplined pursuant to State statute that mandates revocation of a license. Effective 4/27/94.

DUBROFF, Seymour J., M.D., License #D02344. **Surrender of license to practice medicine.** The Maryland Board accepted the surrender on April 27, 1994, effective December 31, 1994. The physician agrees that from April 27, 1994 until the effective date of the surrender he will not perform YAG laser vitrectomies. The physician decided to surrender his license because of his age, his previous plans for retirement, an investigation by the Board, and his desire to avoid, and in lieu of, further litigation and administrative prosecution of the matter. As a result of its investigation, the Board alleged that

the physician submitted improper or false claims for reimbursement to the Medicare program. Effective 4/27/94.

KROKIDAS, Peter J., M.D., License #D10689. **Granted inactive license; probation tolled until license is reinstated;** physician must comply with order issued by the Massachusetts Board. The physician had not fulfilled the conditions of probation and did not want to maintain an active license in Maryland. Effective 5/10/94.

MCDANIEL, Robert B., M.D., License #D19837. **Suspension for six months; physician may petition for reinstatement in three months;** upon reinstatement the physician shall be on probation for two years. The physician engaged in a sexual relationship with two patients. Effective 5/10/94.

WASSIF, Anis M., M.D., License #D12445. **Physician granted an inactive license; probation tolled until license is reinstated.** The physician has not practiced medicine in the State of Maryland since the issuance of the December 28, 1993 order. Effective 5/10/94.

BOVELL, Philip B., M.D., License #D20121. **Suspended; immediate stay; probation for three years with conditions.** The physician failed to meet the appropriate standards of care in his medical practice. This matter involved the prescribing of narcotic analgesics in the context of his practice of orthopedic surgery. Effective 5/12/94.

HEDEMAN, John L., License #D05259. **Suspension for three years; suspension stayed; probation for three years subject to conditions.** The physician failed to meet appropriate standards of care in his practice of internal medicine. Effective 5/17/94.

FAUTER, Harald H. , M.D., License #D01943. **Surrender effective December, 31, 1994.** The physician's decision was prompted by his age, his plans for retirement and an investigation which revealed that in 1993 he had engaged in a sexual relationship with a patient. Effective 5/25/94.

GOULD, Jed D., M.D., License #D17298. **Reprimand.** Failure to meet appropriate standards of care in the treatment of patient in the area of gynecology. Effective 5/25/94.

MILLER, Gerald, M.D., License #D13275. **Suspension imposed by the order of December 14, 1993 is extended for an additional six months. The suspension shall run from March 7, 1994 until December 7, 1994.** The physician may apply for reinstatement no sooner than September 7, 1994. The physician is guilty of fraudulently or deceptively using a license, because the physician practiced medicine while his license was suspended and was fined $1000/day (total fine $30,000). Effective 5/25/94.

ROLL, Harold, M.D., License #D09629. **Reinstated. Probation for one year with conditions.** The physician has met licensure requirements and has demonstrated compliance with probation requirements as set by the Circuit Court for Baltimore County. Effective 5/25/94.

SINGAL, Krishan Kumar, M.D., License #D39600. **Suspended for six months effective June 15, 1994, and placed on probation for three years with conditions.** The physician was guilty of unprofessional conduct in the practice of medicine because of sexual contact with an employee of a hospital and another employee/patient of the same hospital at which the physician had privileges. Effective 5/25/94.

GONSALVES, Annette C., M.D., License #D19947. **Suspended; suspension immediately stayed. Three years probation subject to conditions.** The physician failed to meet appropriate standards of care in the practice of medicine by failing to keep adequate medical records. Effective 5/31/94.

LEROY, Pierre L., M.D., License #D06533. **Suspended.** The physician pleaded Nolo contendere to two counts of unlawful sexual conduct, third degree, which, based on the totality of the circumstances, the Board found to be a crime involving moral turpitude and, therefore, requiring the suspension of the physician's license as mandated by State statute. Effective 6/2/94.

RAJAN, V.K. Suresh , M.D., License #D23312. **The Consent Order of November 17, 1993 is modified as to several conditions, one of which allows the physician to return to private practice within parameters.** The physician has complied with conditions precedent to requesting this modification of the November 17, 1994 Consent Order. Effective 6/2/94.

STROBEL, Frederick L. Jr., Radiation Technologist, Certificate #R03107 **Probation for two years subject to conditions.** The Board took this action and the health provider agreed that the Board had sufficient information upon which it could find that the respondent's acts constituted immoral or unprofessional conduct in the practice of radiation technology by his inappropriate disrobing of a patient. Effective 6/8/94.

SMITH, Robert Lewis, M.D., License #D24858. **Pending resolution of the physician's case on the merits, the physician agreed to limit prescribing in his practice.** The physician shall not prescribe any controlled substances, either Schedule II, III or IV. The physician has been charged with violations of Md. Health Occ. Code Ann., §§14-404(a)(4), (22) and (27) because of his prescribing practices. Effective 5/31/94.

MODI, Bipin O., M.D., License #D30065. **Inactive license.** The physician, who presently resides out-of-state, must obtain prior approval of the Board if he wishes to practice in Maryland. In 1991 the State of Michigan issued a final order which restricted the physician's ability to practice in regard to his practice of anesthesiology. In May, 1992 the physician was issued an unlimited license without probation in the State of Michigan. Effective 6/21/94.

TUVELL, Wesley A. **Application for certification as a physician assistant denied.** The Board concludes as a matter of law that the applicant's criminal convictions for child abuse,

second degree sex offense and third degree sex offense demonstrate that he is not of good moral character, and, therefore, does not meet the qualifications for certification. Effective 6/21/94.

COHEN, Adrian M., M.D., License #D04365. **Suspended for three months. Suspension stayed. Probation for three years subject to conditions which will include practice supervision.** The Board concluded that the physician failed to meet the appropriate standards of care in his practice of psychiatry. Effective 6/22/94.

DANIEL, George C.. M.D., License #D31838. **License revoked.** The physician had been found guilty of four counts of attempting to distribute Schedule II Controlled Substances without legitimate medical purpose in violation of 21 U.S.C. §§ 841(a)(1) and 846 and, therefore, was disciplined pursuant to State statute which mandates revocation of license. Effective 6/22/94.

HALE, Phillip A., M.D., License #D33219. **Suspended for nine months. Suspension stayed. Probation until September 17, 1998, subject to conditions** which address issues of chemical dependency. The Board found the physician guilty of prescribing or administering drugs for illegal or illegitimate purposes. However, the Board immediately stayed the suspension because the physician has been in treatment since September 17, 1993, and has not practiced medicine since that date. Effective 6/22/94.

JACKSON, Coleman R., Respiratory Therapist, Certification #L01007. **Surrender of certification as respiratory therapist because of his inability to work competently due to illness.** Effective 6/22/94.

WEEMS, George Jones, M.D., License #D12969. **Surrender effective July 1, 1994.** The physician wishes to retire from the active practice of medicine, and the surrender acts to terminate the Consent Order of June 1, 1993. Effective 6/22/94.

ZEAVIN, Bernard H., M.D., License #D30865. **Reprimand, fined $5000, and made subject to conditions in Maryland.** The Maryland Board took reciprocal disciplinary action based upon action by the Virginia Board of Medicine in regard to the ophthalmologist's prescribing practice. The physician was also found to have failed to disclose the existence of the Virginia action on his application for licensure in Maryland. Effective 6/22/94.

AMAEFULE, Celestine I., M.D., License #D36271. **Reprimand.** The physician was licensed to practice medicine in the State of Maryland since 1987, but since March of 1994 he has been residing and practicing in the State of North Carolina. The Board concluded as a result of a peer review report that the physician failed to meet appropriate standards of care. The physician shall first appear before a committee of the Board before he resumes practice in Maryland. Effective 6/28/94.

HILL, Leo D. Physician Assistant, Certification #C01305. **Certification is reinstated, placed on probation for two years, subject to conditions.** The physician assistant complied with the terms of his previous letter of surrender in that he successfully completed a treatment program and is in compliance with his attendance in an outpatient drug program. Effective 6/28/94.

JONES, Eric E., M.D., License #D31300. **Suspended for three years. Suspension stayed. Placed on probation for three years subject to conditions.** The physician failed urine screens for controlled substances, failed on three occasions to appear for evaluations ordered by the Board and failed to disclose disciplinary action on his renewal application. Effective 6/28/94.

SELF-REFERRAL STUDY TO BEGIN

In 1993, the Maryland Legislature enacted a law to prohibit the practice known as self-referral. The prohibition, scheduled to take effect in 1997, in general precludes physicians from referring patients to clinics or labs that they own or by which they are compensated.

Before the prohibition can take effect, the legislature ordered that a study be done to determine the extent of the self-referral problem in Maryland. In October, physicians who actively see patients should receive a survey prepared by the Universities of Baltimore and Maryland. Physicians will be asked about:

- the kinds of entities the physician owns that provide health care services;
- the kinds of entities by which the physician is compensated; and
- the kinds of referrals the physician makes.

Faculty at the universities will analyze the data and report to the General Assembly next summer. Another part of the study will examine utilization rates based on data obtained from the State's new insurance claims data base. Unless the study shows that self-referral does not result in higher costs and utilization, the prohibition will take effect.

The survey should serve as a helpful introduction to the prohibition for physicians who are unfamiliar with the details of the law. Physicians are urged to complete it.

NOTE: Physicians who overpaid their renewal fees during the 1994 renewal will receive a refund check from Annapolis. Many physicians included a late fee prior to the deadline. Typically, the refund is for $50.00.

PHYSICIANS' ROLE IN LABORATORY REPORTING OF HIV INFECTION & CD4+ LYMPHOCYTE COUNTS LESS THAN 200/MM^3

Laboratory reporting of HIV infection and CD4+ lymphocyte counts less than 200/mm^3 by unique patient identifier (UI) went into effect June 1, 1994. This reporting system was developed, as directed by the Maryland General Assembly in Health General Article §18-205, by the AIDS Administration of the Maryland Department of Health and Mental Hygiene (DHMH), in conjunction with selected groups and individuals. The legislation requires medical laboratory directors to report all confirmed HIV positive tests and all CD4+ lymphocyte counts less than 200 cells /mm^3 to the local health officer (or designee) in the county where the laboratory is located.

The health care provider who orders an HIV or CD4+ lymphocyte test must maintain a list or log in his or her office that matches the UI to the corresponding patient's medical record. This log will be needed when a health department representative contacts the health care provider regarding the patient's clinical status.

ROLE OF THE HEALTH CARE PROVIDER

1. Create the patient's unique patient identifier (UI) when ordering an HIV or CD4+ lymphocyte test;
2. Inform the patient about the use of his/her Social Security number (SSN);
3. Put the UI and other required information on the lab order form;
4. Maintain a log linking the UI with the patient; and
5. Assist the local health department with follow-up investigation.

For more detailed information regarding health care provider or laboratory responsibilities under this reporting system, please refer to the State of Maryland, Communicable Diseases Bulletin, May 1994 or call DHMH, AIDS Administration, Division of Surveillance at (410) 225-6707.

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